



DISCHARGE MONITORING REPORT  
FOURTH QUARTER 2014

PLATFORMS ELLEN, ELLY, AND EUREKA

NPDES Permit CAG280000



January 27, 2015

U.S. EPA, Region 9  
ATTN: ENF4-1, NPDES/DMR  
75 Hawthorne Street  
San Francisco, CA 94105

**Re: Discharge Monitoring Report – Fourth Quarter 2014 Platforms Ellen, Elly, and Eureka  
NPDES Permit CAG280000**

Dear DMR Recipient:

This letter and its attachments include Discharge Monitoring Reports (DMRs) for the reporting period of October, November, and December 2014 for Beta Offshore Platforms Ellen, Elly and Eureka.

All produced fluids from Platform Eureka are piped to Platform Elly for processing. Platforms Elly and Ellen are two separate platforms attached by a bridge, thus they have the same latitude and longitude listed in their DMRs. We have submitted separate DMRs for each of the three platforms since there are separate NPDES discharges associated with each platform. Oil production wells are located at Platforms Ellen and Eureka. Platform Elly serves as a processing facility and contains most of the production treatment processes. This is the only platform that may occasionally discharge produced water. There are no drilling related activities or wells on Platform Elly. Production fluids generated at Ellen and Eureka are sent to Elly for further processing and back to Ellen for injection.

Attachment 1: EPA DMR forms (3320-1) for Eureka, Elly and Ellen which were supplied by EPA on January 6, 2015.

Attachment 2: Listings of the chemical inventory for miscellaneous discharges (specifically non-contact cooling water) for each platform.

Attachment 3: Provides pre-dilution and post dilution chlorine results for non-contact cooling water discharges in accordance with Appendix C of the permit for each platform.

Attachment 4: Summarizes discharges that are prohibited.

Attachment 5: Includes copies of the official state certified lab reports and laboratory quality control reports and other permit required information (EPA Methods, sample dates, etc.) for each Platform.

Attachment 6: For Platform Ellen, chemical inventory for the drilling mud and Well treatment, completion fluids for Well A-23.

Attachment 7: For Platform Ellen, the metals analysis of the barite used during drilling activities on Well A-23.



## Discharge Overview

### Drilling Muds and Cuttings (001):

On Platform Ellen drilling activities took place with Well A-23 with a spud date of October 6, 2014 and the well was completed on November 16, 2014. As required in the permit, the results of the drilling monitoring activities are included within the DMR reporting period occurring at least 45 days after the completion of the well.

A drilling mud bioassay was taken during the 0-80% well footage. The results are in compliance and are included in the DMR. Chemical inventory is also included for the mud type used. (see Attachment 6). There were no drilling mud discharges. Drill cuttings discharges occurred in October during the 0-80% well footage. There were no discharges during the 80-100% well footage.

Drilling activities also took place during the month of December with Well A-33. There were no associated discharges and the results of the drilling monitoring activities will be included within the DMR reporting period occurring at least 45 days after the completion of the well.

### Produced Water (002):

Produced water dilution – Platform Elly: On rare occasions when produced water is discharged, often times the discharge may only occur for a few hours or less. In calculating the dilution for each quarter, we use the average produced water daily rate based on the actual barrels of water per day “rate”. As an example, if 100 barrels were discharged in one hour, the actual rate would extrapolate to a 2400 barrels of water per day (BWD) “rate”, instead of only 100 BWD. This better represents the flow velocity used in the EPA Plume dilution calculation. A dilution of 1318:1 was calculated for the quarter.

There were two days of produced water discharge during the month of November and one day during the month of December. Weekly Oil & Grease results are included in the DMR as end of pipe values.

Although there were no discharges on December 15, 2014 we collected representative samples for the quarterly 3-species toxicity screening; including Red Abalone, Top Smelt and Giant Kelp chronic toxicity testing (refer to Attachment 5). The Red Abalone that the laboratory secured for the test failed to spawn. Therefore, there are no chronic Red Abalone test results. During the next DMR period, or as soon as the abalone begin spawning again, two samples will be taken.

### Well Treatment Completion and Workover Fluids (003):

WTCWF generated from Platform Ellen or Eureka would be commingled with the produced water at Platform Elly/Ellen. There was one well treatment, completion and workover fluid type job performed during this quarter at Platform Ellen. There was no discharge of fluids. A chemical inventory is available on request.

### Deck Drains (004):

Platform Ellen’s deck drains are commingled with production and sent to Platform Elly. Platform Elly’s deck drain volumes are commingled with production at Elly and injected with produced water at Ellen (refer to produced water monitoring requirements in the DMR if discharged). Deck drains on Platform Eureka are sent to a disposal well on Eureka and not discharged.

Sanitary and Domestic Waste (005):

Platforms Ellen and Eureka both operate a United States Coast Guard approved Marine Sanitation Device (MSD). Although these devices are capable of treating both sanitary and domestic waste, some of the domestic waste (as laundry water) is not discharged. At Platform Ellen, these domestic volumes are commingled with production and sent to Platform Elly/Ellen for injection with produced water. The sanitary waste commingles with sinks and shower water and is properly treated and chlorinated through the MSD discharged at Platform Ellen.

Platform Eureka also has sanitary and domestic waste water discharges (refer to the DMR). Domestic waste water (as laundry water) is sent to a disposal well and not discharged at Eureka. Sanitary wastes are treated through a USCG-approved MSD and discharged at Eureka. There are no sanitary/domestic waste discharges at Platform Elly.

Fire water (008):

Fire water at Platforms Ellen and Elly are commingled with deck drains and injected with produced water at Platform Ellen. The fire water and deck drain volumes at Platform Eureka are sent to a disposal well and are not discharged. The fire water was reported as not being chlorinated at all three platforms.

Non-contact Cooling Water (009) - Combined with Excess Sea Water:

Non-contact cooling water (as sea water) may be discharged at all three platforms. Separate discharges occur through separate outfalls for each of the three platforms. Seawater pumps deliver water throughout the platforms for use as non-contact cooling water, marine sanitation device feed water and for sanitary usage supply. Any excess seawater not used for these sources has been previously reported under uncontaminated water in the DMRs under a separate discharge (016). When the non-contact cooling water is discharged it can be combined with the excess seawater discharges at Eureka and Ellen. Since the platforms add low dosages of chlorine treatment to this part of the system, chlorine monitoring has been performed on the chlorinated discharges and if applicable, includes excess seawater in addition to the non-contact cooling water. Thus, the DMR reports the total water discharged for both sources (non-contact cooling water and excess seawater). Both volumes and chlorine results for the combined discharges are listed in the DMR under non-contact cooling water for Eureka and Ellen. Elly has only non-contact cooling water. Any separate uncontaminated discharges that occur, will continue to be reported independently under discharge (016) in the DMR.

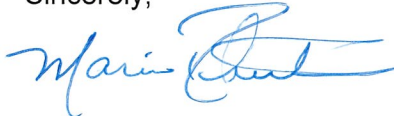
The chemical inventory for non-contact cooling water (Attachment 2) was based on Operations' daily estimates using a Hach color wheel chlorine test kit.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. & 1001 and 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

4<sup>th</sup> Quarter 2014 DMR  
January 27, 2015  
Page 4 of 4

Should you have any questions or require any additional information, please contact me at (562) 628-1526.

Sincerely,



Marina Robertson  
HSE Manager

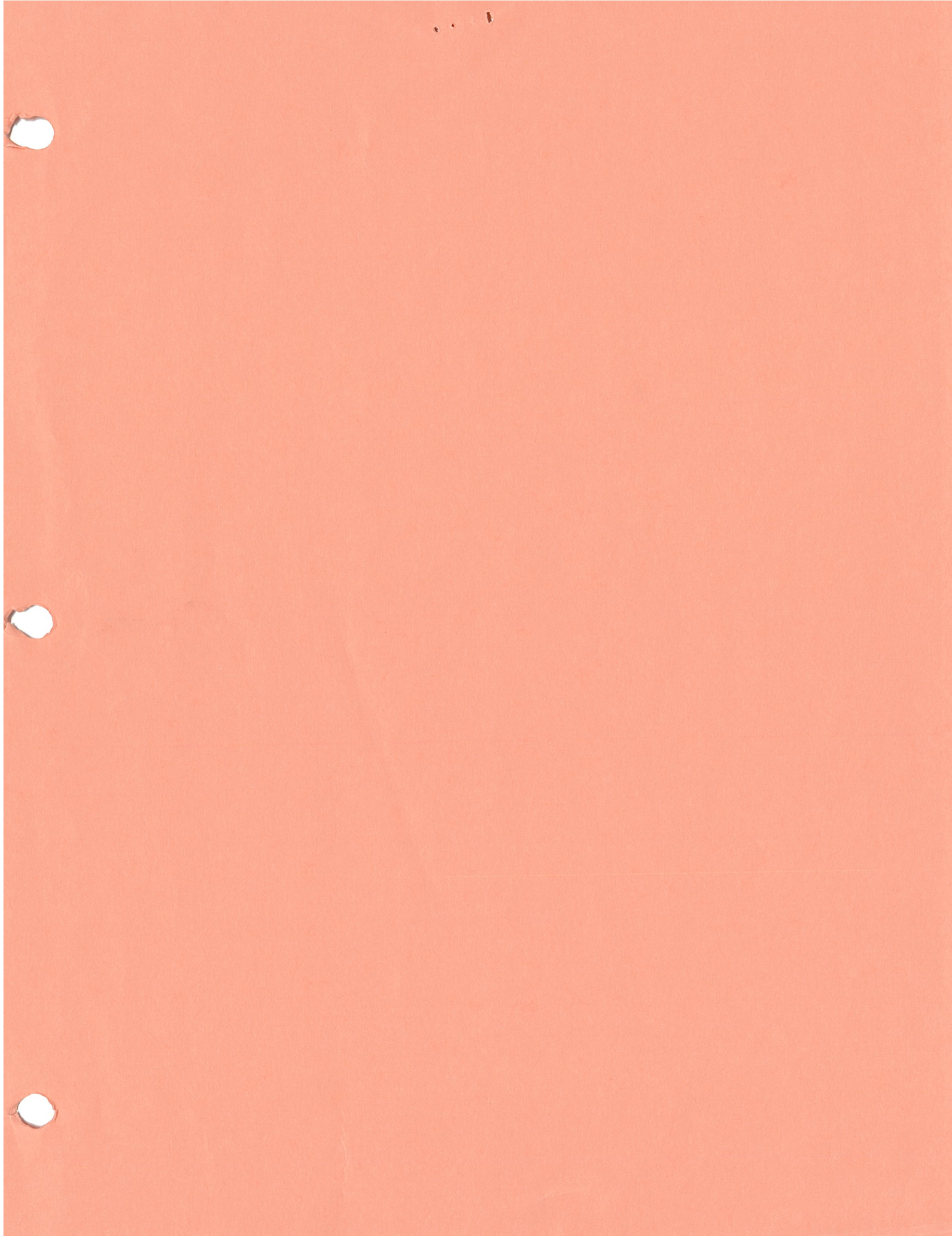
cc (via email):

Regional Supervisor  
Bureau of Safety and Environmental  
Enforcement (BSEE)  
760 Paseo Camarillo  
Camarillo, CA 93010

Ms. Alison Dettmer  
Energy and Ocean Resources Unit  
California Coastal Commission  
45 Fremont, Suite 2000  
San Francisco, CA 94105-2219

Regional Supervisor  
Office of Environment  
Bureau of Ocean Energy Management (BOEM)  
760 Paseo Camarillo, Camarillo, Ca 93010  
Attn: Chief, Environmental Analysis Section





Platform Ellen

Attachment 1

EPA DMR  
PERMIT NO. CAG280000



## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
01/08/2014 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	001A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT	NODI (C)	*****	NODI (C)	*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.5	mg/kg	0	Once per batch	Grab
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.05	mg/kg	0	Once per batch	Grab
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI (C)				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI (C)	bbl	*****	*****	*****	*****		Daily	Estima
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	270	bbl	*****	*****	*****	*****	0	Annual	Calctd
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	0	occur/mo	*****	*****	0	d	0	Daily	Grab
82595 1 0 Effluent Gross Well A-23	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion			(562) 628 1526	01 22 2015
Executive Vice President, Chief Operating Officer			AREA Code	NUMBER
TYPED OR PRINTED				

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment 6. Barite analysis refer to Attachment 7.

4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Eily, as listed in the permit.
5. Well A-23 drilling activities began October 6 and completed on November 16, 2014.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	001A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

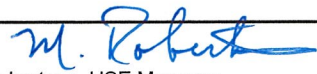
(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drilling cuttings, volume 82596 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	320	bbl	*****	*****	*****	*****	0	Daily	Estima
	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume 82596 EG 0 Effluent Gross	SAMPLE MEASUREMENT	*****	320	bbl	*****	*****	*****	*****	0	Annual	Calctd
	PERMIT REQUIREMENT	*****	18150 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia TAB3E 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	> 10	*****	*****	%	0	Contingent	Grab
	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****		*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****		*****	*****				

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment 6. Barite analysis refer to Attachment 7.

4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.

5. Well A-23 drilling activities began October 6 and completed on November 16, 2014.



## DISCHARGE MONITORING REPORT (DMR)

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	002A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

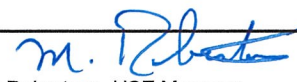
(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge ☒ A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Daily	ESTIMA

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Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	(562) 628 1526		01 22 2015		
			AREA Code	NUMBER	MM/DD/YYYY

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Elly-only platform capable of discharging PW. All produced water is sent to Elly for processing (refer to Plt Elly DMR)
2. PW annual cumulative flow from Mar 1st thru Feb 28th each year
3. If PW is discharged, 12 mo of monitoring is required for RP analysis,

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
01/2040-0004

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FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	003A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid  
External OutfallNo Discharge ☒ A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT				*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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Jim Guion Executive Vice President, Chief Operating Officer		(562) 628 1526		01 22 2015
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, refer to Attachment referenced when applicable

4. When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
01/2040-0004

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**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W  
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CAF001147	004A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 90802  
MINOR  
(SUBR FW)  
Deck Drainage  
External Outfall

No Discharge ☒ A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>  <b>Jim Guion</b> Executive Vice President, Chief Operating Officer  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 Marina Robertson, HSE Manager <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>		<b>DATE</b>
			(562) 628 1526		01 22 2015
			AREA Code	NUMBER	MM/DD/YYYY

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

- Free Oil Sheen - # days observed
- Deck Drainage is commingled with Produced Water and treated at Platform Elly (refer to Plt Elly DMR)



## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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FACILITY: PLATFORM ELLEN

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MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, domestic	SAMPLE MEASUREMENT	NODI (A)	*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bb/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI (9)	NODI (9)				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	76	*****	bb/d	*****	*****	*****	*****	0	Monthly	Estima
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bb/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	*****	0	# dis/d	*****	*****	*****	*****	0	Daily	Visual
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO AVG	# dis/d	*****	*****	*****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	*****	NODI (A)		*****	*****	*****	*****			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED			(562) 628 1526	01 22 2015
		AREA Code	NUMBER	MM/DD/YYYY

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Domestic Waste is commingled with produced water at Platform Elly.
- The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
01 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLEN - CAG280000

**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

**FACILITY:** PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	006A-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 90802

MINOR

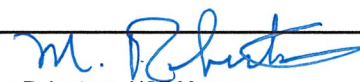
(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>			(562) 628 1526	01 22 2015
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OIA 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	007A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

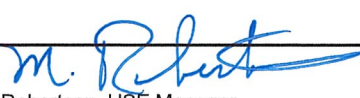
(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	008A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☒ A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI (A)				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2
2. Fire Control System Water is commingled with Produced Water at Platform Elly.
3. Fire Control System Water is not chlorinated or chemically treated.

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	009A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

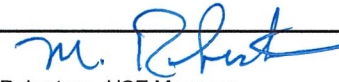
(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI (B)	NODI (B)	mg/L	0	Quarterly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.000583 MO AVG	.0104 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	36,000	*****	bbl/d	*****	*****	*****	*****	0	Monthly	Estima
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED			(562) 628 1526	01 22 2015
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.
2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water
3. Chlorine values are reported post-dilution per EPA Plumes UM, if applicable.



## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	010A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

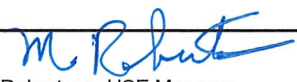
(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015	
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
01 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLEN - CAG280000

**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

**FACILITY:** PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

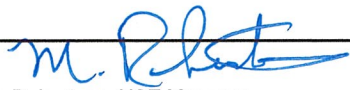
ATTN: Marina Robertson

CAF001147	011A-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 90802  
MINOR  
(SUBR FW)  
Bilge Water  
External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>			(562) 628 1526	01 22 2015	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	012A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

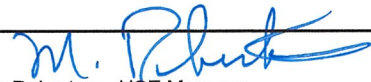
(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OI 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
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FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	013A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

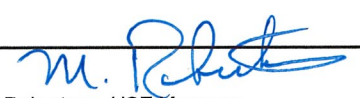
(SUBR FW)

Test Fluids

External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OIA 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

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PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	014A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OK 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	015A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 Marina Robertson, HSE Manager	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	016A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☒ A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 Marina Robertson, HSE Manager	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	017A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

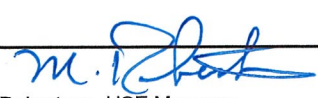
(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.



## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OK 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	018A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

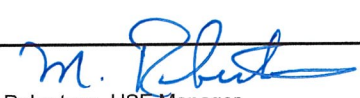
(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☒ A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste commingled with Produced Water



## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

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NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	019A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	0	*****	bbl/yr	*****	*****	*****	*****		Annual	Calctd
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	*****	bbl/yr	*****	*****	*****	*****		Annual	CALCTD

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015	
TYPED OR PRINTED				AREA Code	NUMBER

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1 through Feb. 28th each year.
2. The total annual cumulative volume limit is a combined limit of excess cement slurry volumes from both Platforms Ellen and Elly

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	020A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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Jim Guion Executive Vice President, Chief Operating Officer		Marina Robertson, HSE Manager		(562) 628 1526	01 22 2015
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
01-2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	021A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Hydrotest Water

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer		(562) 628 1526		01 22 2015
TYPED OR PRINTED		AREA Code		NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.
2. Submit RP analysis per permit requirement after sampling is completed.



## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
01 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	022A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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Jim Guion Executive Vice President, Chief Operating Officer		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(562) 628 1526	01 22 2015
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved

OK 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147

PERMIT NUMBER

001A-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

11/01/2014

MM/DD/YYYY

11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.5	mg/kg		Once per Batch	Grab
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.05	mg/kg		Once per Batch	Grab
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI (C)				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	270	bbl	*****	*****	*****	*****	0	Annual	Calctd
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	N		*****	*****					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	GRAB

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Jim Guion Executive Vice President, Chief Operating Officer		(562) 628 1526	01 22 2015
TYPED OR PRINTED		AREA Code NUMBER	MM/DD/YYYY

Marina Robertson, HSE Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment 6. Barite analysis refer to Attachment 7.

4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.
5. Well A-23 drilling activities began October 6 and completed on November 16, 2014. No discharges in Nov.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	001A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****		bbl	*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	320	bbl	*****	*****	*****	*****	0	Annual	Calctd
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	18150 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	%			
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	%			
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	%			
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Jim Guion			(562) 628 1526		01 22 2015
Executive Vice President, Chief Operating Officer			AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment 4. Barite analysis refer to Attachment5.

4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.
5. Well A-23 drilling activities began on October6 and completed on October 16, 2014. No discharges in Nov.



## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	002A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge ☒ A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method 00552 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow 82600 1 0 Effluent Gross	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Daily	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer		(562) 628 1526		01 22 2015
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

Marina Robertson, HSE Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Elly-only platform capable of discharging PW All produced water is sent to Elly for processing (refer to Plt Elly DMR).
2. PW annual cumulative flow from Mar 1st thru Feb 28th each year
3. If PW is discharged, 12 mo of monitoring is required for RP analysis,

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	003A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014


DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid  
External OutfallNo Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI (A)					
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events Completion Job	SAMPLE MEASUREMENT	*****	1	#	*****	*****	*****	*****	0	Once per Occurance	Calctd
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI (A)		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT	NODE (A)			*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526		01 22 2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. A completion job was performed on November 12. A Chemical Inventory is included in Attachment 6.
4. When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLEN - CAG280000

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LONG BEACH, CA 90802

**FACILITY:** PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	004A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

**DMR Mailing ZIP CODE:** 90802

MINOR

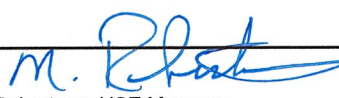
(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☒ A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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(562) 628 1526			01 22 2015		
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

- Free Oil Sheen - # days observed
- Deck Drainage is commingled with Produced Water and treated at Platform Elly (refer to Plt Elly DMR).



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	005A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, domestic	SAMPLE MEASUREMENT	NODI (A)	*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI (9)	NODI (9)				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	75	*****	bbl/d	*****	*****	*****	*****	0	Monthly	Estima
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	*****	0	# dis/d	*****	*****	*****	*****	0	Daily	Visual
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO AVG	# dis/d	*****	*****	*****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	*****	NODI (A)		*****	*****	*****	*****			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL

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Jim Guion Executive Vice President, Chief Operating Officer		(562) 628 1526		01 22 2015
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Domestic Waste is commingled with produced water at Platform Elly.
- The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved

OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	006A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	007A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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Jim Guion Executive Vice President, Chief Operating Officer		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(562) 628 1526	01 22 2015
TYPED OR PRINTED				AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLEN - CAG280000

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LONG BEACH, CA 90802

**FACILITY:** PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	008A-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
11/01/2014	11/30/2014

**DMR Mailing ZIP CODE:** 90802

MINOR


(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☒ A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>			(562) 628 1526	01 22 2015	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Chemical Inventory, refer to Attachment 2
2. Fire Control System Water is commingled with Produced Water at Platform Elly.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OL 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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**ATTN:** Marina Robertson

CAF001147	009A-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
11/01/2014	11/30/2014

**DMR Mailing ZIP CODE:** 90802

MINOR


(SUBR FW)

Non-Contact Cooling Water

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	NODI (9)	NODI (9)				
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.000583 MO AVG	.0104 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam- visual/days	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	36,000	*****	bb/d	*****	*****	*****	*****	0	Monthly	Estima
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bb/d	*****	*****	*****	*****		Monthly	ESTIMA

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<b>Jim Guion</b>			(562) 628 1526	01 22 2015
<b>Executive Vice President, Chief Operating Officer</b>			<b>AREA Code</b>	<b>NUMBER</b>
<b>TYPED OR PRINTED</b>				

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

4. NODI(9): Quarterly/not required this month

- Chemical Inventory, refer to Attachment 2.
- Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water
- Chlorine values are reported post-dilution per EPA Plumes UM, if applicable.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
01-2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147

PERMIT NUMBER

010A-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

11/01/2014

MM/DD/YYYY

11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bb/d	*****	*****	*****	*****		Monthly	ESTIMA

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Jim Guion		(562) 628 1526		01 22 2015
Executive Vice President, Chief Operating Officer		AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED		 Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
01 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ATTN: Marina Robertson

CAF001147	011A-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
11/01/2014	11/30/2014

**DMR Mailing ZIP CODE:** 90802

MINOR

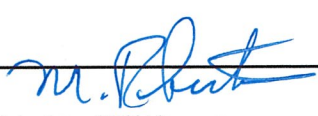
(SUBR FW)

Bilge Water

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 Marina Robertson, HSE Manager	<b>TELEPHONE</b>		<b>DATE</b>
(562) 628 1526			01 22 2015		
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLEN - CAG280000

**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

**FACILITY:** PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	012A-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
11/01/2014	11/30/2014

**DMR Mailing ZIP CODE:** 90802

MINOR

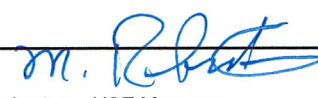
(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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<b>Jim Guion</b> Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	013A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR

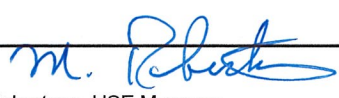
(SUBR FW)

Test Fluids

External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015	
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

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PACIFIC OCEAN, CA 90802

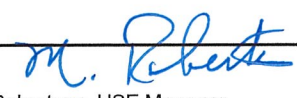
ATTN: Marina Robertson

CAF001147	014A-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
11/01/2014	11/30/2014

**DMR Mailing ZIP CODE:** 90802  
MINOR  
(SUBR FW)  
Diatomaceous Earth Filter Media  
External Outfall

**No Discharge** ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

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ON 2040-0004

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CAF001147	015A-A
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<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
11/01/2014	11/30/2014

**DMR Mailing ZIP CODE:** 90802

MINOR


(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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<b>Jim Guion</b> Executive Vice President, Chief Operating Officer			(562) 628 1526		01 22 2015
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ON 2040-0004

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ATTN: Marina Robertson

CAF001147	016A-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
11/01/2014	11/30/2014

**DMR Mailing ZIP CODE:** 90802

MINOR

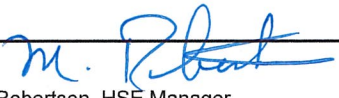
(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☒ A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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CAF001147	017A-A
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<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
11/01/2014	11/30/2014

**DMR Mailing ZIP CODE:** 90802

MINOR

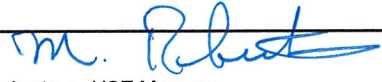
(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>			(562) 628 1526	01 22 2015
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Chemical Inventory, refer to Attachment 2.

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OIA 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

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PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	018A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR

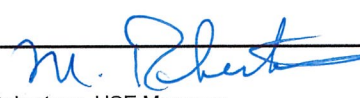
(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☒ A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015	
TYPED OR PRINTED				AREA Code	NUMBER

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste commingled with Produced Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

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11/01/2014	11/30/2014

**DMR Mailing ZIP CODE:** 90802

MINOR


(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	0	*****	bbl/yr	*****	*****	*****	*****		Annual	Calctd
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	*****	bbl/yr	*****	*****	*****	*****		Annual	CALCTD

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015	
TYPED OR PRINTED				AREA Code	NUMBER

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Annual cumulative Volumes and Limits for the period covering Mar. 1 through Feb. 28th each year.
2. The total annual cumulative volume limit is a combined limit of excess cement slurry volumes from both Platforms Ellen and Elly



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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ON 2040-0004

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CAF001147	020A-A
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<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
11/01/2014	11/30/2014

**DMR Mailing ZIP CODE:** 90802

MINOR

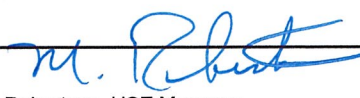
(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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CAF001147	021A-A
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11/01/2014	11/30/2014

**DMR Mailing ZIP CODE:** 90802

MINOR

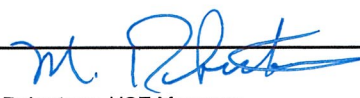
(SUBR FW)

Hydrotect Water

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 Marina Robertson, HSE Manager	<b>TELEPHONE</b>	<b>DATE</b>	
<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>			(562) 628 1526	01 22 2015	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Chemical Inventory, refer to Attachment 2.
2. Submit RP analysis per permit requirement after sampling is completed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLEN - CAG280000  
**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

**FACILITY:** PLATFORM ELLEN  
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802


ATTN: Marina Robertson

CAF001147	022A-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
11/01/2014	11/30/2014

**DMR Mailing ZIP CODE:** 90802  
MINOR  
(SUBR FW)  
H2S Gas Processing Waste Water  
External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bb/d	*****	*****	*****	*****		Monthly	ESTIMA

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(562) 628 1526			01 22 2015		
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	001A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

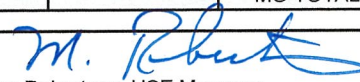
(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	270	bbl	*****	*****	*****	*****	0	Annual	Calctd
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****			*****	*****					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	GRAB

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Jim Guion			(562) 628 1526	01 22 2015
Executive Vice President, Chief Operating Officer			AREA Code	NUMBER
TYPED OR PRINTED				

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to referenced Attachment, when applicable.
4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.
5. A-33 drilling activities began in December, however there were no associated discharges.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLEN - CAG280000

**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

**FACILITY:** PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

**ATTN:** Marina Robertson

CAF001147	001A-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
12/01/2014	12/31/2014

**DMR Mailing ZIP CODE:** 90802

MINOR


(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	320	bbl	*****	*****	*****	*****	0	Annual	Calctd
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	18150 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahi	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahi	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahi	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB

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(562) 628 1526			01 22 2015		
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to referenced Attachment, when applicable.
4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.
5. A-33 drilling activities began in December, however there were no associated discharges.



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLEN - CAG280000

**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

**FACILITY:** PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	002A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

**DMR Mailing ZIP CODE:** 90802

MINOR


(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge ☒ A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method 00552 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow 82600 1 0 Effluent Gross	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Daily	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>  <b>Jim Guion</b> Executive Vice President, Chief Operating Officer  <b>TYPED OR PRINTED</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 Marina Robertson, HSE Manager	TELEPHONE		DATE
			(562) 628 1526		01 22 2015
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Elly-only platform capable of discharging PW. All produced water is sent to Elly for processing (refer to Plt Elly DMR)
2. PW annual cumulative flow from Mar 1st thru Feb 28th each year
3. If PW is discharged, 12 mo of monitoring is required for RP analysis,



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLEN - CAG280000

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LONG BEACH, CA 90802

**FACILITY:** PLATFORM ELLEN


**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	003A-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
12/01/2014	12/31/2014

**DMR Mailing ZIP CODE:** 90802  
MINOR  
(SUBR FW)  
Well Treatment, Completion and Workover Fluid  
External Outfall  
**No Discharge** ☒ A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
04379 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	<b>SAMPLE MEASUREMENT</b>	*****			*****	*****	*****	*****			
51484 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	<b>SAMPLE MEASUREMENT</b>	*****			*****	*****	*****	*****			
82603 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	<b>SAMPLE MEASUREMENT</b>				*****	*****	*****	*****			
82604 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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<b>Jim Guion</b> Executive Vice President, Chief Operating Officer <b>TYPED OR PRINTED</b>			(562) 628 1526	01 22 2015
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, refer to Attachment referenced when applicable

4. When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLEN - CAG280000

**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

**FACILITY:** PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	004A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

**DMR Mailing ZIP CODE:** 90802

MINOR


(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☒ A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI (A)	*****		*****	*****	*****	*****		Monthly	Estima
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Free Oil Sheen - # days observed
- Deck Drainage is commingled with Produced Water and treated at Platform Elly (refer to Plt Elly DMR).



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLEN - CAG280000

**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

**FACILITY:** PLATFORM ELLEN

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PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	005A-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
12/01/2014	12/31/2014

**DMR Mailing ZIP CODE:** 90802

MINOR


(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, domestic	<b>SAMPLE MEASUREMENT</b>	NODI (A)	*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	NODI (9)	NODI (9)				
82605 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	<b>SAMPLE MEASUREMENT</b>	75	*****	bbl/d	*****	*****	*****	*****	0	Monthly	Estima
82606 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	<b>SAMPLE MEASUREMENT</b>	*****	0	# dis/d	*****	*****	*****	*****	0	Daily	Visual
82607 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO AVG	# dis/d	*****	*****	*****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	<b>SAMPLE MEASUREMENT</b>	*****	NODI (A)		*****	*****	*****	*****			
82608 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015	
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

- Domestic Waste is commingled with produced water at Platform Elly.
- The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

**FACILITY:** PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	006A-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
12/01/2014	12/31/2014

**DMR Mailing ZIP CODE:** 90802

MINOR


(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 Marina Robertson, HSE Manager	<b>TELEPHONE</b>		<b>DATE</b>
Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526		01 22 2015
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BETA OFFSHORE PLATFORM ELLEN - CAG280000

**ADDRESS:** 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

**FACILITY:** PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	007A-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
12/01/2014	12/31/2014

**DMR Mailing ZIP CODE:** 90802

MINOR


(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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<b>TYPED OR PRINTED</b>			(562) 628 1526	01 22 2015
Jim Guion Executive Vice President, Chief Operating Officer		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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LONG BEACH, CA 90802

**FACILITY:** PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

**ATTN:** Marina Robertson

CAF001147	008A-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
12/01/2014	12/31/2014

**DMR Mailing ZIP CODE:** 90802

MINOR


(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☒ A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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<b>EXECUTIVE VICE PRESIDENT, CHIEF OPERATING OFFICER</b>			(562) 628 1526	01 22 2015	
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Chemical Inventory, refer to Attachment 2
2. Fire Control System Water is commingled with Produced Water at Platform Elly.



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

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LONG BEACH, CA 90802

**FACILITY:** PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

**ATTN:** Marina Robertson

CAF001147	009A-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
12/01/2014	12/31/2014

**DMR Mailing ZIP CODE:** 90802

MINOR


(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	NODI (9)	NODI (9)				
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.000583 MO AVG	.0104 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam- visual/days	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	36,000	*****	bbl/d	*****	*****	*****	*****	0	Monthly	Estima
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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<b>Jim Guion</b> Executive Vice President, Chief Operating Officer <b>TYPED OR PRINTED</b>			(562) 628 1526	01 22 2015
			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Chemical Inventory, refer to Attachment 2.
2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water
3. Chlorine values are reported post-dilution per EPA Plumes UM, if applicable.

4. NODI(9): Quarterly/not required this month.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	010A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bb/d	*****	*****	*****	*****		Monthly	ESTIMA

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015	
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	011A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

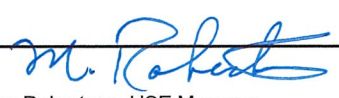
(SUBR FW)

Bilge Water

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bb/d	*****	*****	*****	*****		Monthly	ESTIMA

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015	
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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PACIFIC OCEAN, CA 90802

**ATTN:** Marina Robertson

CAF001147	012A-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
12/01/2014	12/31/2014

**DMR Mailing ZIP CODE:** 90802

MINOR

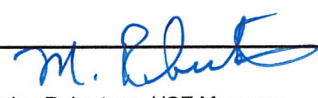
(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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<b>Jim Guion</b>		Marina Robertson, HSE Manager		(562) 628 1526	01 22 2015
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ATTN: Marina Robertson

CAF001147	013A-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
12/01/2014	12/31/2014

**DMR Mailing ZIP CODE:** 90802

MINOR


(SUBR FW)

Test Fluids

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bb/d	*****	*****	*****	*****		Monthly	ESTIMA

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<b>Jim Guion</b> Executive Vice President, Chief Operating Officer <b>TYPED OR PRINTED</b>			(562) 628 1526	01 22 2015
			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Chemical Inventory, refer to Attachment 2.

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

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ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ATTN: Marina Robertson

CAF001147	014A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015	
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
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ATTN: Marina Robertson

CAF001147	015A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

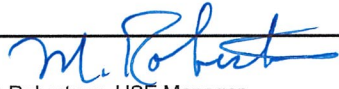
(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	016A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☒ A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015	
TYPED OR PRINTED				AREA Code	NUMBER

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	017A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.



## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	018A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☒ A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste commingled with Produced Water

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240  
LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147

PERMIT NUMBER

019A-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

12/01/2014

MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

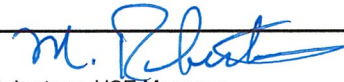
(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	0	*****	bbl/yr	*****	*****	*****	*****		Annual	Calctd
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	*****	bbl/yr	*****	*****	*****	*****		Annual	CALCTD

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Jim Guion			(562) 628 1526		01 22 2015	
Executive Vice President, Chief Operating Officer			AREA Code	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED						

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1 through Feb. 28th each year.
2. The total annual cumulative volume limit is a combined limit of excess cement slurry volumes from both Platforms Ellen and Elly

## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W  
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	020A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

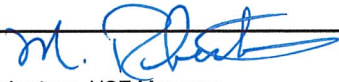
(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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CAF001147	021A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Hydrotest Water

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bb/d	*****	*****	*****	*****		Monthly	ESTIMA

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Jim Guion Executive Vice President, Chief Operating Officer			(562) 628 1526	01 22 2015	
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.
2. Submit RP analysis per permit requirement after sampling is completed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
ON 2040-0004

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

**DMR Mailing ZIP CODE:** 90802

MINOR

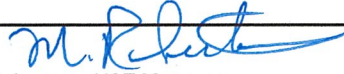
(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☒ C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)